	CLA	PA SMI	FILED - P	ARTI				MITTY		OTHER	TUA
			dumn 1)	(Cobu	mn 2)		YPE (OR	SMALL	
FOR		NUMBE	RFILED	NUMBER 6	NUMBER EXTRA		ATE	FEE	E	RATE	FE
BASIC FEE								345.00	OR		690
TOTAL CLAIMS		2 minus 20=			•		S 9=		OR	X\$18=	
INDEPENDENT CLAIMS		2 minus 3 =		= <u>:</u>	:		(39=		OR	X78= .	
MULTIPLE DEPENDENT CLAIM PRESENT						1.	130=		OR	÷260=	;
* If the difference in column 1 is less than zero, enter "0" in column 2							OTAL		OR	TOTAL:	100
C	LAIM	IS AS A	MENDED .	PART II						OTHER	
	(Co	lumn 1)		(Cotumn 2)	(Column 3)	S	MALL	ENTITY	OR	SMALL	
MTA	REA	LAIMS MAINING VFTER INDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	L	PATE	ADDI- TIONAL FEE	- 1	RATE .	AD TIO
ENDWENT LINET	• /	11	Minus.	-20 :		را_	(\$ <u>9=</u>		ŌА	;X\$18 <u>=</u> 1	
independent	-	7	Minus		6		X39=		OR	X78=	e er e
FIRST PRES	NTAT	ON OF M	JLTIPLE DEPL	NDENT CLAIM		-				.000	-
						Ľ	130= TOTAL	ļ	OR	+260=	3 (1) 3 (1)
		•		•		ADI	DIT. FEE		OR	ADDIT. FEE	
U		olumn 1)		(Column 2)	(Column 3)	_		1 1000			
ENT B	RE	MAINING AFTER ENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	Ŀ	RATE	ADDI- TIONAL FEE	-	RATE	AD TIO
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FIRST PRES	ENTAT	ION OF M	ULTIPLE DEP	ENDENT CLAIN	A	Ι.	130=		OR	+260=	
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6-9-0		olumn 1) Claims	er tene . I	(Column 2)	(Column 3)				•		1 :
ENTO	RE	EMAINING AFTER ENDMENT	8	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIO
Total Independent		16	Minus	- 20			X\$ 9= ·		OR	X\$18=	
independent	1.	. 	Minus	6		 -	Y30-	┼──	┫¨¨	X78≥	1

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

If the entry in column 1 is less than the entry in column 2, write 70° in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. OR ADDIT. FEE

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OR

OR

X39=

+130=

Application or Docket Number

X78=

+260=